

**Amendments to the Specification:**

Please replace paragraphs [0036], [0054] and [0079] with the following amended paragraphs, respectively:

**[0036]** Members 110 are typically subscribers to a health plan 100 and may or may not be affiliated with an employer 114. Employers 114 generally contract with a health plan 100 to provide health coverage for their members 110. Providers 128 provide health care services to members 110 and are typically paid by the health plan 100. Examples of providers include hospitals, doctors, dentists, etc. An insurance broker 120 typically acts as a broker for the health plan 100 to sell and/or manage insurance plans for members 121 and employers 122.

**[0054]** With reference now to Figure 4, Figure 4 is a flow diagram illustrating a process 400 to implement the creation of a HRA plan in a health plan system integrating defined contribution functionality. In order to accommodate the setup of an HRA plan, an HRA administrative information application is created for a health plan (block 402). The creation of the HRA administrative information application allows HRA information to be linked to a particular health plan. Next, at block 404, the HRA information is linked to the health plan. Further, an HRA allocation rules application is created for the plan (block 406). Next, allocation rules and amounts are established for the plan utilizing the HRA allocation rules application (block 408). Further, HRA information is configured for display to members and employers who may access this information via a network (block 410).

**[0079]** With reference now to Figure 10, Figure 10 is a flow diagram illustrating a process 1000 to implement the creation of an FSA plan in a health plan system integrating defined contribution functionality. In order to accommodate the setup of an FSA plan, an FSA administrative information application is created for a health plan (block 1002). The creation of the FSA administrative information application allows the FSA information to be linked to a particular health plan. Next, at block 1004, the FSA information is linked to the health plan. Further, an FSA allocation rules application is created for the health plan (block 1006). Next, allocation

rules and amounts are established for a member of a health plan (block 1008). Further, FSA information is configured for display to members and employers who may access the information via a network (block 1010).